## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

**Application or Docket Number** 

09/777,333

		CLAIMS A	S FILED (Column			umn 2)	_	SMALL E	NTITY	· OR		R THAN ENTITY
TOTAL CLAIMS			<sub>e</sub> s		·			RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	395.00	OR	BASIC FEI	790.00
TC	TAL CHARGE	mi	minus 20= *				X\$ 9=		OR	X\$18=	1	
INDEPENDENT CLAIMS				inus 3 =	•			X44=			Yes	<del> </del>
MULTIPLE DEPENDENT CLAIM PRESENT									OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								+150=	<u></u>	OR		
CLAIMS AS AMENDED - PART II										OR		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
MTA	11/12/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	• 9	Minus	- 2		•		X\$ 9=	1	OR	X\$18=	1
	Independent	• 3	Minus	the state of	3	a		X44=		OR	X88=	
٩.	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			4				
			•		•			+150=		OR	+300=	
					-			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	<del></del>	(Colun		(Column 3)	1 .					
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	90		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	drám)		=	li	X44=		OR	X88=	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH		
	·						- •[	+150=		OR.	+300=	
				·				TOTAL DDIT: FEE		OR_	TOTAL ADDIT: FEE	
	de tie "Pri deile biege repres	(Column 1)	per flacktor (** 1. sperite auch	(Colum	ın 2)	(Column 3)		Mariana di se yannaha dahatan	Tame Market Commission of the		THE STATE OF THE PROPERTY OF THE PARTY OF TH	10
AMENDMENT C	<del></del>	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u>5</u> .[	Total	के नामकाराध्या का स्थापना संस्थानिकाल १०००	Minus	**		<del>.</del>		X\$ 9=		OR	-X\$18=-	Entrancement 3
	Independent	*	Minus	***		=.	ŀ	_X44=			_X88=	
5	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-			OR		
+150=										OR	+300=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OPTION OF TOTAL ADDIT. FEE  **OPTION OF TOTAL ADDIT. FEE												
!	rme "Highest Num he "Highest Num	mber Previously Paid ber Previously Paid	o For IN THIS For (Total or	s SPACE is Independer	less than nt) is the	n 3, enter "" " highest name			opriate box			